

Ethylene Oxide

Chapter 296-855 WAC

Resources

HELPFUL TOOLS

Sample Medical Evaluation Declination Form.....R-2



Sample Medical Evaluation Declination Form Optional

Use with Ethylene Oxide Rule, Chapter 296-855 WAC

Employer _____

I understand that because of my occupational exposure to ethylene oxide, I may be at risk for serious health effects including _____.

You have given me the opportunity to receive medical examination and testing for the potential health effects from ethylene oxide exposures, at no cost to me. However, I decline to receive this medical examination and testing at this time.

I understand that by declining medical examination and testing, I continue to be at risk for _____ and other health effects related to ethylene oxide exposure.

I understand that I must have a medical evaluation to wear a respirator and without such an evaluation I can't wear a respirator as part of my job. I also understand that declining to receive medical examination and testing for health effects from ethylene oxide exposures does **not** exclude me from receiving a separate medical evaluation for respirator use.

If, in the future, I continue to have occupational exposure to ethylene oxide and decide to receive medical examination and testing, I will be given the opportunity to receive them at no cost to me.

Employee's Name (Print)

Employee's Signature

Date

